

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS1212SNF</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/12/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>TORREY PINES CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 S. TORREY PINES DRIVE LAS VEGAS, NV 89146</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>Surveyor: 26251 This Statement of Deficiencies was generated as a result of complaint investigation conducted at your facility on June 12, 2009, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00021842 was unsubstantiated. Complaint #NV00022085 was unsubstantiated. Complaint #NV00022150 was substantiated with deficiencies cited. See Tags Z 265, Z 310, and Z 471.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000		
Z265 SS=D	<p>NAC 449.74477 Pressure Sores</p> <p>Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that a patient:</p> <p>1. Who is admitted to the facility without pressure sores does not develop pressure sores unless</p>	Z265		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z265	Continued From page 1  the development of pressure sores is unavoidable because of the medical condition of the patient; and This Regulation is not met as evidenced by: Surveyor: 26251  Based on record review, the facility failed to have evidence that, a resident who entered the facility without skin breakdown, was provided services to prevent the development of an avoidable pressure sore for 1 of 15 residents (Resident #2).  Severity 2 Scope 1	Z265			
Z310 SS=D	NAC449.74493 Notification of Changes or Condition  1. A facility for skilled nursing shall immediately notify a patient, the patient's legal representative or an interested member of the patient's family, if known, and, if appropriate, the patient's physician, when: (a) The patient has been injured in an accident and may require treatment from a physician; (b) The patient's physical, mental or psychosocial health has deteriorated and resulted in medical complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be transferred or discharged from the facility; (e) The patient will be assigned to another room or assigned a new roommate; or (f) There is any change in federal or state law that affects the rights of the patient. This Regulation is not met as evidenced by: Surveyor: 26251	Z310			

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Z310	Continued From page 2	Z310		
	Based on record review, the facility failed to report loose stools or the development of pressures sores to the physician for 1 of 15 residents (Resident #2).			
	Severity 2 Scope 1			
Z471 SS=E	NAC 449.74539 Physical Environment	Z471		
	2. Care for each patient in the facility in a manner that promotes the dignity of the patient and his quality of life; This Regulation is not met as evidenced by: Surveyor: 26251			
	Based on record review and interview, the facility failed to answer call lights in a timely manner for 4 of 15 residents (Residents #2, #5, #6, and #7) and failed to have evidence that a grievance was addressed for 1 of 15 residents (Resident #7).			
	Severity 2 Scope 2			

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